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STATE OF NORTH CAROLINA
COUNTY: _____

CASE # _____

PROMISSORY NOTE
FEES DUE

DATE: _____

FOR VALUE RECEIVED, THE UNDERSIGNED, JOINTLY AND SEVERALLY, PROMISE TO PAY TO 1ST CHOICE BAIL BONDING COMPANY AND/OR THE RELEASING REPRESENTATIVE OF SAME, ON ORDER OR DEMAND \$_____ FOR A BAIL BOND FEE ON (DEFENDANT)_____ PAYABLE AS FOLLOWS:

AND/ OR

- 1. \$_____ DUE _____
2. \$_____ DUE _____
3. \$_____ DUE _____
4. \$_____ DUE _____
5. \$_____ DUE _____
6. \$_____ DUE _____
7. \$_____ DUE _____
8. \$_____ DUE _____
9. \$_____ DUE _____
10. \$_____ DUE _____
11. \$_____ DUE _____
12. \$_____ DUE _____

IN ACCORANCE WITH NORTH CAROLINA LAW, THE BOND WILL BE REVOKED WITHOUT THE RETURN OF PREMIUM FOR THE BOND IF THIS PROMISSORY NOTE IS VIOLATED BY REFUSING TO PAY THE PREMIUM IN ACCORDANCE WITH THE TERMS STATED HERE ON. PLEASE NOTE: NON-PAYMENT AND/OR NON-COMPLIANCE WITH THIS PROMISSORY NOTE WILL RESULT IN THE DEFENDANT AND/OR INDEMNITOR(S) BEING REPORTED TO THE CREDIT BUREAU AND/OR A WARRANT ISSUED FOR HIS/HER ARREST. IN ADDITION ANY FEES, INCLUDING ATTORNEY'S FEES, INCURRED FOR FILING CIVIL SUITS WILL BE ADDED TO YOUR BALANCE DUE.

IN WITNESS WHEREOF, THE UNDERSIGNED HAVE DULY EXECUTED THIS PROMISSORY NOTE THIS THE _____ DAY OF _____, 20_____.

DEFENDANT (SEAL)

INDEMNITOR (SEAL)

SOCIAL SECURITY# _____

SOCIAL SECURITY# _____

DATE OF BIRTH: _____

DATE OF BIRTH: _____

DRIVERS LICENSE# _____

DRIVERS LICENSE# _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

AGENT/BONDING AGENCY (SEAL)